

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10719298**
APPLICANT(S)

FILING DATE
3-19-04

AS FILED		APPROPRIATE AMENDMENT		APPROPRIATE AMENDMENT		CLAIMS											
IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF					
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
TOTAL IND.						TOTAL IND.						TOTAL IND.					
TOTAL DEF.						TOTAL DEF.						TOTAL DEF.					
TOTAL CLAIMS						TOTAL CLAIMS						TOTAL CLAIMS					